

**POWER OF ATTORNEY  
 and  
 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

Application Number	10563,219
Filing Date	December 17, 2004
First Named Inventor	Jean Armirol
Title	HYDRAULIC SLIDE VALVE PROVIDED WITH
Art Unit	
Examiner Name	
Attorney Docket Number	0309.4031.901 (DKT03169)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 67424

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/583,219
Filing Date	December 17, 2004
First Named Inventor	Jean Armiroli
Title	HYDRAULIC SLIDE VALVE PROVIDED WITH
Art Unit	
Examiner Name	
Attorney Docket Number	0306.4031.001 (DKT03189)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

67424

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Address

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Aime Goubely

Telephone

Title and Company

DESIGN MANAGER B2AC WASHINGTON FIELD

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/583,219
Filing Date	December 17, 2004
First Named Inventor	Jean Amiroli
Title	HYDRAULIC SLIDE VALVE PROVIDED WITH
Art Unit	
Examiner Name	
Attorney Docket Number	0306.4031.901 (DKT03159)

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

Title and Company

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INDICATION FORM**

Application Number	10/583,219
Filing Date	December 17, 2004
First Named Inventor	Jean Armirolli
Title	HYDRAULIC SLIDE VALVE PROVIDED WITH
Art Unit	
Examiner Name	
Attorney Docket Number	0305.4031.501 (DKT03189)

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☐ Firm or Individual Name

Address

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Email

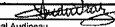
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	22/05/2007
Name	Pascal Audineau	Telephone	
Title and Company	TECHNICAL BUSINESS DEVELOPMENT		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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